



**For Office Use:**  
**Documentation Outstanding**  
**Tick when done**

		Father's FIN
		Mother's FIN
		Child's FIN/BC/PR Re-Entry Visa
		Child's Immunisation Cert
		Emergency Contact
		Completed Registration Form
		Enrolment Fees paid
Y	N	<b>Media Consent</b>
Y	N	<b>Allergies</b>

## STUDENT REGISTRATION FORM

**PLEASE FILL IN ALL BOXES AND COMPLETE ALL SECTIONS.**

Please print clearly

Today's Date (dd/mm/yyyy)	Date Commencing (dd/mm/yyyy)	Trial Lesson 1 (dd/mm/yyyy)	Trial Lesson 2 (dd/mm/yyyy)
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### STUDENT'S PARTICULARS

Student Name: Family Name/Surname	First/Given Name		Name in Chinese Characters
Date of Birth (dd/mm/yyyy)  <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Age	Gender  M / F	Place of Birth:
Child's B.C./Passport Number/Dependent's Pass:		Nationality:	
Languages spoken at home: 1. _____ 2. _____			
Home Address:			
Post Code: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Home Phone no.:	

Please print clearly

## REGISTRATION FORM (page 2)

### PARENTS'/GUARDIANS' PARTICULARS

	FATHER	MOTHER
Name as in NRIC/EP/DP <i>EP -Employment Pass</i> <i>DP -Dependent's Pass</i>		
NRIC/EP/DP number		
Nationality		
Occupation		
Business Phone no.		
Mobile Phone No.		
Email address		
Mailing Address <i>(If different to student's)</i>		
Home Phone no. <i>(If different to student's)</i>		

### EMERGENCY CONTACT PERSON

Person to contact (when you or your spouse cannot be reached)

Name:	Mobile No.:	Home No.:
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**MEDICAL FORM**  
**Strictly Private & Confidential**

Please print clearly

Student Name: Family Name/Surname	First/Given Name	Date of Birth (dd/mm/yyyy) <table style="width: 100%; border: none;"><tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr></table>								

**Medical History**

- 1. Is your child under medical care?      NO      YES
- 2. Is your child taking any medication?      NO      YES\*

\*If so, what kind? For what?


- 3. Does your child have any heart problems, breathing problems, or other physical/medical problems that our teachers should be aware of? If so, please explain.


- 4. Does your child have any known allergies? *Please list.*


- 5. Are there any foods that your child cannot eat?

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- 6. Does your child wear glasses?      NO      YES

## Acknowledgment

### THE KINDERGARTEN AND ENRICHMENT CENTRE RULES AND REGULATIONS

I, the parent/guardian of \_\_\_\_\_ have received and read the Rules and Regulations of **Swallows and Amazons** and I understand that the rules and regulations may be changed from time to time, and agree to abide by them.

### SAFETY AND WELFARE

I, the parent/guardian of \_\_\_\_\_ understand that **Swallows and Amazons** may, from time to time, take my child out of its premises on excursions and field trips.

I also understand that before my child is taken out on such an outing, I will be notified in advance. I know that, should I desire for my child not to participate in the activity, I reserve the right to have him/her remain at the learning centre where he/she will be taking part in the **Swallows and Amazons** in-house programme for the day. In the ABSENCE of any written consent from me to my child's teacher with respect to such an outing, **Swallows and Amazons Pte Ltd** may presume that I have NOT given consent to take my child on any such excursion.

While I expect **Swallows and Amazons** to exercise the utmost care in ensuring the safety and welfare of my child, I will not hold **Swallows and Amazons Pte Ltd** or its staff liable for any accident or injury suffered by my child while on school premises or during an outing, and will not file claims against **Swallows and Amazons Pte Ltd** or any of its employees.

### MEDICAL TREATMENT

I, the parent/guardian of \_\_\_\_\_, do hereby give permission to **Swallows and Amazons Pte Ltd** to have my child medically treated by a duly registered practitioner within or outside of the **Swallows and Amazons'** premises, in the event that **Swallows and Amazons** deems it necessary for the child to receive such treatment. This consent shall also extend to any first-aid rendered by **Swallows and Amazons'** staff to the child. Except for first aid given at **Swallows and Amazons**, all charges incurred for the treatment of the child, including transport expenses, if any, shall be borne by me/us.

### MEDIA CONSENT

I, the parent/guardian of \_\_\_\_\_, do hereby give permission to **Swallows and Amazons Pte Ltd** to use photographs and video clips of my child in publicity materials, newsletters and advertising.

Signature of Parent/Guardian: \_\_\_\_\_

Please print name: \_\_\_\_\_

Passport/IC/FIN no.: \_\_\_\_\_

Date (dd/mm/yyyy): \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_